



Enrollment Guide 2023



**Take advantage of all your
Prescription Drug plan has to offer**

AARP® MedicareRx Preferred (PDP)

S5820-021-000

Region: 22

Service area: Texas

It's easier than ever to get more for your Medicare dollar



Plans you can count on

When it comes to Medicare, one size doesn't fit all. That's why UnitedHealthcare offers a broad range of Medicare plans: so you have options to fit your health care needs and budget. Choose from plans with copays and premiums as low as \$0. And we offer the only Medicare plans that carry the AARP name.



Expertise to get you what you need

UnitedHealthcare's Medicare plan experts will help you find the right plan for you — in person, online or over the phone. Once you're a member, UnitedHealthcare's expert customer service team and your online account make it easier to get the care you need, when and how you need it. And our all-in-one UnitedHealthcare UCard™ makes it easier than ever to unlock more from your Medicare plan.



Chosen by more people

More people choose a Medicare Advantage plan from UnitedHealthcare than from any other company.¹ UnitedHealthcare is proud to have served the health care needs of people just like you for over 50 years. You can count on us to be here when you need us.

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Questions? We're here to help.



AARPMedicarePlans.com



Call toll-free **1-888-867-5564**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Start With Medicare Basics

Know how Medicare works, then choose what works for you

Original Medicare is provided by the federal government. It offers coverage for:



Hospital stays and inpatient care.
This is called Part A.



Doctor visits. This is called Part B –
you pay a monthly premium for it.

Original Medicare does NOT include prescription drug coverage



Prescription drug coverage. This is called Part D and is not included with Original Medicare. You are not required to enroll in a Part D plan when you first become eligible for Medicare. If you enroll in a Part D plan in the future, then you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D. This is called a Late Enrollment Penalty (LEP).

Depending on your needs, you may want to add more coverage to Original Medicare

Additional coverage is offered by private insurance companies, such as UnitedHealthcare. You have a couple of different options to choose from:

Option 1: Enroll in a Medicare Advantage plan



Called Part C

This type of plan combines Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug coverage is all in one plan



Extras

Some plans may include extra benefits not included with Original Medicare

Option 2: Add one or both of these to Original Medicare



Medicare Supplement

Helps pay for some of the costs not covered by Original Medicare



Medicare Part D plan

Helps pay for prescription drugs and helps you avoid that 1% penalty

Use this book to get familiar with and enroll in a Part D plan. Speak with your agent if you are interested in a Medicare Supplement or Medicare Advantage plan.

Enroll in a Medicare Part D Prescription Drug plan (PDP)

Here's how this Medicare Part D plan works



What does it cover?

Original Medicare (Parts A and B) does not include prescription drug coverage. Medicare Part D plans cover certain prescription drugs. When comparing Medicare Part D coverage, check each plan's formulary (drug list) to make sure your drugs are included.

- The federal government sets guidelines for the types of drugs Medicare Part D plans must cover
- Each Medicare Part D plan decides which specific drugs it will cover and what members will pay
- Medicare Part D plans are available to those eligible for Medicare
- If you choose to enroll in a Part D plan, you can only do so through a private insurance company like UnitedHealthcare or other companies contracted with Medicare



When to enroll in a Medicare Part D plan.

Your Initial Enrollment Period (IEP) is 7 months long. It includes your birthday month, plus the 3 months before and the 3 months after your birthday month. Your IEP begins and ends one month earlier if your birthday is on the first of the month.

If you have creditable drug coverage through your employer or other insurance, you don't need to enroll in a Part D plan right away. Creditable drug coverage is coverage at least as good as you could get through Medicare Part D. You have a two-month Special Election Period to enroll in a Medicare Part D plan after losing other coverage. You could be charged a penalty if you go without creditable drug coverage over 63 days. The annual open enrollment period is from Oct. 15 to Dec. 7 when you can join a drug plan for the first time if you missed your deadlines for your IEP or a SEP, or switch from original Medicare to a Medicare Advantage plan, from one Medicare Advantage plan to another, or from one Part D drug plan to another.



There's a Medicare Part D Late Enrollment Penalty

Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D.

Are you eligible to enroll in this plan?

You are eligible for a Medicare Part D plan if:

- ✓ You are enrolled in Original Medicare Parts A or B (or both) AND ✓ Live in the plan's service area

Considerations for selecting the Part D plan that's right for you

Does the plan cover my prescription drugs?

Enter your drugs into our online Drug Cost Estimator tool, EstimateDrugCostsAARP.com to determine the total annual drug cost for each plan.

Which plan will be most cost effective?

When comparing plans be sure to consider all costs, including monthly premium, copays, deductibles and the tier your drugs fall into.

Are you willing to fill at a pharmacy in the plan's Preferred Pharmacy Network?

Using a preferred network pharmacy helps ensure that you get the lowest drug cost.

Helpful Resources

Medicare Made Clear®

An educational program developed by UnitedHealthcare to help you better understand Medicare.



MedicareMadeClear.com

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**
- Your state Medicaid office

Formulary and Pharmacy Network

- To determine if your drugs are included in plan formularies, go to AARPMedicarePlans.com and enter your drug information.
- After entering your drugs, click on the Pick a Pharmacy tab to find a Preferred Retail Pharmacy near you.
- You can also call **1-888-867-5564**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to speak with a customer service representative.



UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Plan Information

Benefit Highlights

AARP® MedicareRx Preferred (PDP)

This is a short description of your 2023 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

	Your Cost	
Monthly premium	\$108	
Annual prescription (Part D) deductible	\$0	
Initial coverage stage	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)
Tier 1: Preferred Generic	\$7 copay	\$15 copay
Tier 2: Generic¹	\$12 copay	\$20 copay
Tier 3: Preferred Brand	\$47 copay	\$47 copay
Select insulin drugs²	\$35 copay	\$35 copay
Tier 4: Non-Preferred Drug	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance
Coverage gap stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$7,400, you will pay the greater of \$4.15 copay for generic (Including brand drugs treated as generic), \$10.35 copay for all other drugs, or 5% coinsurance	

¹ Tier includes enhanced drug coverage

² Select insulins \$35 maximum copay for 1-month supply until the Catastrophic Coverage Stage.

Includes \$0 for a 90-day supply of Tier 1 and Tier 2 medications (typically generic drugs) through our Preferred Mail Service Pharmacy. \$0 copay is applicable for Tier 1 and Tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

This information is not a complete description of benefits. Contact the plan for more information.

AARP® MedicareRx Preferred (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.



Your Drug Coverage

Review the Drug List (Formulary) in this Enrollment Guide to make sure your prescription drugs are covered by the plan. You should also review the Benefit Highlights in this guide for copays and supply amounts.

The amount you pay for covered drugs depends on these 4 things:

1. Drug tiers

Many plans group covered drugs into tiers. Generally, the lower the tier, the less you'll pay. All drugs in the Drug List are assigned to one of these tiers.



¹ And select insulin drugs

It's important to know not all generic drugs are lower cost. There are generic drugs in each tier. Be sure to check the Drug List to find out which tier your generic drug is in.

If your drug is in a higher, more expensive tier, ask your doctor if a lower cost alternative could work for you.

2. Where you fill your prescriptions

There are thousands of national and local pharmacies in our network that includes a variety such as:

Baker's	Giant	Kroger	Sam's Club
City Market	Giant Eagle	Mariano's	Smith's
Dillons	Hannaford	Martin's	Stop&Shop
Duane Reade	Harris Teeter	Pick 'n Save	Thrifty White
Food Lion	H-E-B	Publix	Walgreens
Fred Meyer	Hy-Vee	QFC	Walmart
Fry's	King Soopers	Ralphs	Wegmans

You'll pay the lowest cost for your prescription when you use a pharmacy in our preferred retail pharmacy network. Visit [AARPMedicarePlans.com](https://www.aarpmedicareplans.com) to find a location near you.

Simplify with prescriptions delivered to your door

You have a \$0 copay for a 90-day supply of Tier 1 and Tier 2 drugs with OptumRx, our preferred home delivery pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Save time by registering online at [optumrx.com](https://www.optumrx.com) to order new prescriptions, request refills, and more.

3. Prescription drug payment stages

The amount you pay for prescription drugs may change during the year depending on which drug payment stage you're in. Members move through the stages in the order below.

Annual Deductible	This plan does not have a deductible. Your coverage starts in the Initial Coverage stage.
Initial Coverage	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$4,660. Then you move to the Coverage Gap stage.
Coverage Gap (Donut Hole)	You pay no more than 25% coinsurance for any generic or brand name drugs until your total out-of-pocket costs reach \$7,400. Then you move to the Catastrophic Coverage stage. If you use a covered insulin, you will continue to pay a flat copay through the Coverage Gap.
Catastrophic Coverage	In this stage, you pay 5% of the cost for each of your drugs, or \$4.15 for generic (including brand drugs treated as generic) and \$10.35 for all other drugs (whichever is greater). You stay in this stage for the rest of the plan year.

4. Extra Help from Medicare

People with limited incomes may qualify for Extra Help to pay for their prescription drugs. If you qualify, Medicare could pay for some, or all of, your drug costs including premiums, deductibles and copays. Additionally, if you qualify, you won't have a Coverage Gap or a late enrollment penalty. Many people qualify for these savings and don't even know it.

For more information about Extra Help, contact your local Social Security office or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.



Additional drug coverage is available with this plan

This plan covers some prescription drugs that are not covered by Medicare Part D. This includes Vitamin D (50,000), Sildenafil (generic Viagra), Cyanocobalamin (Vitamin B-12) and Folic Acid (1 mg). These drugs are covered in Tier 2 and are in addition to the ones listed in the plan's Drug List and may not be available with other plans.

This plan has lower, stable out-of-pocket costs for covered insulin. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing does not apply to members who pay a lower copay through Medicare's Extra Help program.



Other pharmacies are available in our network.

\$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic coverage stage.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. Optum Home Delivery is a service of OptumRx. You are not required to use Optum Home Delivery through OptumRx for a 90-day supply of your maintenance medications.

Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

AARP Medicare Rx Preferred (PDP) and AARP Medicare Rx Saver Plus (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. AARP Medicare Rx Walgreens (PDP)'s pharmacy network includes limited lower-cost pharmacies in urban ND; suburban HI, ND, PA, and rural AK, AR, HI, IA, ID, KS, MN, MT, NE, OK, PA, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

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Summary of Benefits 2023

AARP® MedicareRx Preferred (PDP)
S5820-021-000

Look inside to take advantage of the drug coverages the plan provides. Call Customer Service or go online for more information about the plan.



Toll-free 1-888-867-5564, TTY 711
8 a.m.-8 p.m. local time, 7 days a week



[AARPMedicarePlans.com](https://www.AARPMedicarePlans.com)



Summary of Benefits

January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at myAARPMedicare.com or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

AARP® MedicareRx Preferred (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join AARP® MedicareRx Preferred (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **Texas**.

Use network pharmacies

AARP® MedicareRx Preferred (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to **AARPMedicarePlans.com** to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

AARP® MedicareRx Preferred (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	\$108
Annual Prescription Drug Deductible	This plan does not have a deductible.

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic	\$7 copay	\$21 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 2: Generic ¹	\$12 copay	\$36 copay	\$20 copay	\$60 copay	\$0 copay	\$60 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$47 copay	\$141 copay	\$126 copay	\$141 copay
Select Insulin Drugs ²	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
Tier 4: Non-Preferred Drug	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	33% coinsurance	N/A ³	33% coinsurance	N/A ³	N/A ³	N/A ³
Stage 3: Coverage Gap Stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. 					

¹ Tier includes enhanced drug coverage.

² For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

³ Limited to a 30-day supply

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-888-867-5575 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-888-867-5575, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits and features vary by plan. Limitations and exclusions may apply.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

AARP® MedicareRx Preferred (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

Important information: 2022 Medicare star ratings



UnitedHealthcare - S5820

For 2022, UnitedHealthcare - S5820 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ↘	3.5 stars
Health Services Rating:		Not offered
Drug Services Rating:	★ ★ ★ ↘	3.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

★ ★ ★ ★ ★	EXCELLENT
★ ★ ★ ★	ABOVE AVERAGE
★ ★ ★	AVERAGE
★ ★	BELOW AVERAGE
★	POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-867-5564** (toll-free) or **711** (TTY). Current members please call **888-867-5575** (toll-free) or **711** (TTY).

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugaraha.

Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the AARP® MedicareRx Preferred (PDP) plan as of August 1, 2022. This list can change throughout the year. Call UnitedHealthcare or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

- Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Your plan may have an annual prescription deductible
- Covered drugs are placed in tiers. Each tier has a different cost:
 - Tier 1: Preferred generic
 - Tier 2: Generic
 - Tier 3: Preferred brand
Select Insulin Drugs*
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as prior authorization or step therapy

PA
Prior authorization

The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get prior approval, it may not be covered.

QL
Quantity limits

The plan only covers a certain amount of this drug for 1 copay. Limits help make sure the drug is used safely. If your doctor prescribes more than the limit, you or your doctor can ask the plan to cover the additional quantity.

ST
Step therapy

You may need to try lower-cost drugs that treat the same condition before the plan will cover your drug. If you have tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan for coverage.

B/D
Medicare Part B
or Part D

Depending on how this drug is used, it may be covered by Medicare Part B or Part D. Your doctor may need to give the plan more information about how this drug will be used to make sure it's covered correctly.

LA
Limited access

The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

MME Morphine milligram equivalent	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
7D 7-day limit	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.
ISSP Part D Senior Savings Model	You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the Deductible, Initial Coverage and Coverage Gap or “Donut Hole” stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”).

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T4-QL	Tablet),T2-7D; MME; DL; QL
Abilify Maintena (Intramuscular Prefilled Syringe),T5-DL	Acetazolamide (Oral Tablet),T3
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5-DL	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T4
Abiraterone Acetate (250MG Oral Tablet),T4-PA; QL	Actimmune (Subcutaneous Solution),T5-DL
Acamprosate Calcium (Oral Tablet Delayed Release),T4	Acyclovir (Oral Capsule),T2
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral	Acyclovir (Oral Tablet),T2
	Adacel (Intramuscular Suspension),T3-QL
	Advair Diskus (Inhalation Aerosol Powder Breath Activated),T3-QL
	Advair HFA (Inhalation Aerosol),T3-QL

Bold type = Brand name drug

Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Aimovig (Subcutaneous Solution Auto-Injector),T4-PA; QL

Albendazole (Oral Tablet),T4-QL

Alcohol Prep Pads,T3

Alecensa (Oral Capsule),T5-PA; DL; QL

Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1-QL

Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T2

Allopurinol (Oral Tablet),T1

Alphagan P (0.1% Ophthalmic Solution),T3

Alprazolam (Oral Tablet Immediate Release),T2-QL

Amantadine HCl (Oral Capsule),T3

Amantadine HCl (Oral Solution),T2

Amantadine HCl (Oral Tablet),T3

Ambrisentan (Oral Tablet),T5-PA; DL; QL

Amiloride HCl (Oral Tablet),T2

Amiodarone HCl (100MG Oral Tablet, 200MG Oral Tablet),T2

Amitriptyline HCl (Oral Tablet),T3

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T2-QL

Ammonium Lactate (External Cream),T3

Ammonium Lactate (External Lotion),T3

Amoxicillin (Oral Capsule),T2

Amoxicillin (Oral Tablet Immediate Release),T2

Amphetamine-Dextroamphetamine (Oral Tablet),T3-QL

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T4-QL

Anagrelide HCl (Oral Capsule),T3

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T3-QL

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL

Apriso (Oral Capsule Extended Release 24 Hour),T3-QL

Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T5-PA; DL

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T5-PA; DL

Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe),T4-PA

Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4-PA

Aripiprazole (Oral Tablet),T4-QL

Aristada (Intramuscular Prefilled Syringe),T5-DL

Aristada Initio (Intramuscular Prefilled Syringe),T5-DL

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T4-QL

Atazanavir Sulfate (Oral Capsule),T4-QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T4-QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Atorvastatin Calcium (Oral Tablet),T1-QL
 Atovaquone-Proguanil HCl (Oral Tablet),T3
Atrovent HFA (Inhalation Aerosol Solution),T4
Aubagio (Oral Tablet),T5-DL; QL
Auryxia (Oral Tablet),T4-PA
Austedo (Oral Tablet),T5-PA; DL; QL
Avonex Pen (Intramuscular Auto-Injector Kit),T5-DL; QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5-DL; QL
 Azathioprine (50MG Oral Tablet),T2-B/D,PA
 Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3
 Azelastine HCl (Ophthalmic Solution),T3
 Azithromycin (Oral Tablet),T2

B

BRIVIACT (Oral Solution),T5-PA; DL; QL
BRIVIACT (Oral Tablet),T5-PA; DL; QL
 Baclofen (Oral Tablet),T2
 Balsalazide Disodium (Oral Capsule),T4
Baqsimi One Pack (Nasal Powder),T3
Belsomra (Oral Tablet),T3-QL
 Benazepril HCl (Oral Tablet),T1-QL
 Benazepril-Hydrochlorothiazide (Oral Tablet),T1-QL
 Bzotropine Mesylate (Oral Tablet),T2
Bepreve (Ophthalmic Solution),T4
Berinert (Intravenous Kit),T5-PA; DL
Besivance (Ophthalmic Suspension),T4
Betaseron (Subcutaneous Kit),T5-DL; QL
 Bethanechol Chloride (Oral Tablet),T2
Betimol (Ophthalmic Solution),T4
Bevespi Aerosphere (Inhalation Aerosol),T3-

Bold type = Brand name drug

QL
 Bexarotene (Oral Capsule),T5-PA; DL
 Bicalutamide (Oral Tablet),T2
 Bisoprolol Fumarate (Oral Tablet),T2
 Bisoprolol-Hydrochlorothiazide (Oral Tablet),T2-QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL
Breztri Aerosphere (Inhalation Aerosol),T3-QL
Brilinta (Oral Tablet),T3-QL
 Brimonidine Tartrate (0.2% Ophthalmic Solution),T2
 Budesonide (Inhalation Suspension),T4-B/D,PA
 Budesonide (Oral Capsule Delayed Release Particles),T4
 Buprenorphine (Transdermal Patch Weekly),T3-7D; DL; QL
 Buprenorphine HCl (Tablet Sublingual),T2-QL
 Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4-QL
 Bupropion HCl (Oral Tablet Immediate Release),T2
 Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
 Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
 Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
 Buspirone HCl (Oral Tablet),T2
Bydureon BCise (Subcutaneous Auto-Injector),T3-QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T4-QL

Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T4-QL

C

Cabergoline (Oral Tablet),T3

Calcitriol (Oral Capsule),T2-B/D,PA

Calcium Acetate (667MG Oral Tablet),T3

Calcium Acetate (Phosphate Binder) (Oral Capsule),T3

Calquence (Oral Capsule),T5-PA; DL; QL

Carbamazepine (Oral Tablet Immediate Release),T3

Carbidopa (Oral Tablet),T4

Carbidopa-Levodopa (Oral Tablet Immediate Release),T2

Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2

Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T2

Carbidopa-Levodopa-Entacapone (Oral Tablet),T4

Carvedilol (Oral Tablet),T1

Cefdinir (Oral Capsule),T3

Celecoxib (Oral Capsule),T3-QL

Celontin (Oral Capsule),T4

Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2

Cephalexin (750MG Oral Capsule),T3

Chemet (Oral Capsule),T4

Chlorhexidine Gluconate (Mouth Solution),T2

Chlorthalidone (Oral Tablet),T2

Chlorzoxazone (500MG Oral Tablet),T3

Cholestyramine (Oral Packet),T3

Cholestyramine Light (Oral Packet),T3

Cilostazol (Oral Tablet),T2

Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2

Ciprofloxacin-Dexamethasone (Otic Suspension),T4

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T3

Clenpiq (Oral Solution),T3

Climara Pro (Transdermal Patch Weekly),T4

Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T2-QL

Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T4-QL

Clonidine (Transdermal Patch Weekly),T4

Clonidine HCl (Oral Tablet Immediate Release),T2

Clopidogrel Bisulfate (75MG Oral Tablet),T2-QL

Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T3

Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T4-QL

Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3-QL

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3-QL

Colesevelam HCl (Oral Tablet),T3

Combigan (Ophthalmic Solution),T3

Combivent Respimat (Inhalation Aerosol Solution),T3-QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Corlanor (Oral Solution),T4-PA; QL
Corlanor (Oral Tablet),T4-PA; QL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T5-PA; DL; QL
Creon (Oral Capsule Delayed Release Particles),T3
Cromolyn Sodium (Inhalation Nebulization Solution),T4-B/D,PA
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2
Cyclophosphamide (Oral Capsule),T3-B/D,PA
D
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T3-QL
Daliresp (Oral Tablet),T4-PA; QL
Dapsone (Oral Tablet),T3
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade),T4-PA
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade),T5-PA; DL
Deferiprone (500MG Oral Tablet),T5-PA; DL
Desmopressin Acetate (Oral Tablet),T3
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3-QL
Dexamethasone (Oral Tablet),T2
Dextrose-NaCl (5-0.2% Intravenous Solution),T4
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2-QL

Diazepam (5MG/5ML Oral Solution),T2
Diazepam Intensol (Oral Concentrate),T2-QL
Diazoxide (Oral Suspension),T4
Diclofenac Potassium (50MG Oral Tablet),T2
Diclofenac Sodium (1% External Gel),T3
Diclofenac Sodium (Oral Tablet Delayed Release),T2
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2
Dicyclomine HCl (Oral Capsule),T2
Dicyclomine HCl (Oral Tablet),T2
Difucid (Oral Suspension Reconstituted),T5-DL
Difucid (Oral Tablet),T5-DL
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet),T2
Dihydroergotamine Mesylate (Nasal Solution),T5-PA; DL; QL
Diltiazem HCl (Oral Tablet Immediate Release),T2
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T3
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T3
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T3
Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T5-DL; QL
Diphenoxylate-Atropine (Oral Tablet),T3
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2

Bold type = Brand name drug

Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Divalproex Sodium (Oral Tablet Delayed Release),T2

Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T2

Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1-QL

Donepezil HCl (23MG Oral Tablet),T2-QL

Donepezil HCl ODT (Oral Tablet Dispersible),T2-QL

Dorzolamide HCl (Ophthalmic Solution),T2

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2

Doxazosin Mesylate (Oral Tablet),T2

Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3

Doxycycline Hyclate (Oral Capsule),T3

Dronabinol (Oral Capsule),T4-PA

Duavee (Oral Tablet),T4

Dulera (Inhalation Aerosol),T4-QL

Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2-QL

Dupixent (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL

Dupixent (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL

Dutasteride (Oral Capsule),T3-QL

Dymista (Nasal Suspension),T4

E

Edarbi (Oral Tablet),T4-QL

Edarbyclor (Oral Tablet),T4-QL

Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T5-DL; QL

Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T3-QL

Elmiron (Oral Capsule),T4

Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4-PA; QL

Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4-PA; QL

Emgality (Subcutaneous Solution Auto-Injector),T4-PA; QL

Emtricitabine-Tenofovir Disoproxil Fumarate (100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet),T5-DL; QL

Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet),T4-QL

Enalapril Maleate (Oral Tablet),T2-QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1-QL

Enbrel (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL

Enbrel (Subcutaneous Solution Reconstituted),T5-PA; DL; QL

Enbrel (Subcutaneous Solution),T5-PA; DL; QL

Enbrel Mini (Subcutaneous Solution Cartridge),T5-PA; DL; QL

Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5-PA; DL; QL

Entacapone (Oral Tablet),T4

Entecavir (Oral Tablet),T4

Entresto (Oral Tablet),T3-QL

Envarsus XR (Oral Tablet Extended Release 24 Hour),T4-B/D,PA

Eplclusa (Oral Packet),T5-PA; DL; QL

Eplclusa (Oral Tablet),T5-PA; DL; QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T3-QL

Eplerenone (Oral Tablet),T3

Ergotamine-Caffeine (Oral Tablet),T3

Erivedge (Oral Capsule),T5-PA; DL

Erleada (Oral Tablet),T5-PA; DL; QL

Ertapenem Sodium (Injection Solution Reconstituted),T4

Erythromycin (Ophthalmic Ointment),T2

Esbriet (Oral Capsule),T5-PA; DL; QL

Esbriet (Oral Tablet),T5-PA; DL; QL

Escitalopram Oxalate (Oral Tablet),T2

Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T3-QL

Estradiol (Oral Tablet),T2

Estradiol (Transdermal Patch Twice Weekly),T2-QL

Estradiol (Transdermal Patch Weekly),T2-QL

Estradiol (Vaginal Cream),T3

Eszopiclone (Oral Tablet),T3-QL

Ethambutol HCl (400MG Oral Tablet),T3

Ethosuximide (Oral Capsule),T3

Ethosuximide (Oral Solution),T4

Etravirine (200MG Oral Tablet),T5-DL; QL

Ezetimibe (Oral Tablet),T2-QL

Ezetimibe-Simvastatin (Oral Tablet),T3-QL

F

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T2

Farxiga (Oral Tablet),T3-QL

Fasenra (Subcutaneous Solution Prefilled Syringe),T5-PA; DL

Fasenra Pen (Subcutaneous Solution Auto-Injector),T5-PA; DL

Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T2

Finacea (External Foam),T4-QL

Finasteride (5MG Oral Tablet) (Generic Proscar),T2

Flarex (Ophthalmic Suspension),T4

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3-QL

Flovent HFA (Inhalation Aerosol),T3-QL

Fluconazole (Oral Tablet),T2

Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T2

Fluphenazine HCl (Oral Tablet),T2

Fluticasone Propionate (Nasal Suspension),T2

Forteo (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T5-DL; QL

G

Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T2

Gabapentin (Oral Capsule),T2

Gammagard (2.5GM/25ML Injection Solution),T5-PA; DL

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5-PA; DL

Gemfibrozil (Oral Tablet),T2

Genotropin (Subcutaneous Cartridge),T5-PA; DL

Genotropin MiniQuick (Subcutaneous

Bold type = Brand name drug

Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Prefilled Syringe),T5-PA; DL

Gentamicin Sulfate (40MG/ML Injection Solution),T4

Gilenya (0.5MG Oral Capsule),T5-DL; QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5-DL; QL

Glatopa (Subcutaneous Solution Prefilled Syringe),T5-DL; QL

Glimepiride (Oral Tablet),T1-QL

Glipizide (Oral Tablet Immediate Release),T1-QL

Glipizide ER (Oral Tablet Extended Release 24 Hour),T1-QL

Glucagon (Injection Kit) (Lilly),T3

Glycopyrrolate (Oral Solution) (Generic Cuvposa),T4-PA

Glyxambi (Oral Tablet),T3-QL

Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T3

Gvoke Kit (Subcutaneous Solution),T3

Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3

H

Haegarda (Subcutaneous Solution Reconstituted),T5-PA; DL

Haloperidol (Oral Tablet),T2

Humalog (Injection Solution),T3-ISSP

Humalog (Subcutaneous Solution Cartridge),T3-ISSP

Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3-ISSP

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3-ISSP

Humalog Mix 50/50 (Subcutaneous Suspension),T3-ISSP

Humalog Mix 50/50 KwikPen (Subcutaneous

Suspension Pen-Injector),T3-ISSP

Humalog Mix 75/25 (Subcutaneous Suspension),T3-ISSP

Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3-ISSP

Humira (Subcutaneous Prefilled Syringe Kit),T5-PA; DL; QL

Humira Pen (Subcutaneous Pen-Injector Kit),T5-PA; DL; QL

Humulin 70/30 (Subcutaneous Suspension),T3-ISSP

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3-ISSP

Humulin N (Subcutaneous Suspension),T3-ISSP

Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3-ISSP

Humulin R (Injection Solution),T3-ISSP

Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3-ISSP

Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3-ISSP

Hydralazine HCl (Oral Tablet),T2

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3-7D; MME; DL; QL

Hydromorphone HCl (Oral Tablet Immediate Release),T2-7D; MME; DL; QL

Hydroxychloroquine Sulfate (200MG Oral Tablet),T2-QL

Hydroxyurea (Oral Capsule),T2

Hydroxyzine HCl (Oral Syrup),T3

Hydroxyzine HCl (Oral Tablet),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

I		
Ibandronate Sodium (Oral Tablet),T3-QL	Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5-DL	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T2	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4	
Icatibant Acetate (Subcutaneous Solution),T5-PA; DL; QL	Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5-DL	
Ilevro (Ophthalmic Suspension),T3	Ipratropium Bromide (Inhalation Solution),T2-B/D,PA	
Imatinib Mesylate (Oral Tablet),T4-PA; QL	Ipratropium Bromide (Nasal Solution),T2	
Imbruvica (Oral Capsule),T5-PA; DL; QL	Ipratropium-Albuterol (Inhalation Solution),T2-B/D,PA	
Imbruvica (Oral Tablet),T5-PA; DL; QL	Irbesartan (Oral Tablet),T1-QL	
Imiquimod (5% External Cream),T4-QL	Irbesartan-Hydrochlorothiazide (Oral Tablet),T2-QL	
Imvexxy Maintenance Pack (Vaginal Insert),T3-PA; QL	Isentress (Oral Tablet),T5-DL; QL	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL	Isoniazid (Oral Tablet),T2	
Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule),T5-PA; DL; QL	Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2	
Ingrezza (Oral Capsule Therapy Pack),T5-PA; DL; QL	Isosorbide Mononitrate (Oral Tablet Immediate Release),T2	
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3-ISSP	Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T2	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T3-ISSP	Isturisa (Oral Tablet),T5-PA; DL	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3-ISSP	Ivermectin (Oral Tablet),T3-PA	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T3-ISSP	J	
Insulin Syringes, Needles,T3	Janumet (Oral Tablet Immediate Release),T3-QL	
Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T5-DL	Janumet XR (Oral Tablet Extended Release 24 Hour),T3-QL	
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension	Januvia (Oral Tablet),T3-QL	

Bold type = Brand name drug

Plain type = Generic drug

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Jardiance (Oral Tablet),T3-QL

Jentaduetto (Oral Tablet Immediate Release),T4-QL

Jentaduetto XR (Oral Tablet Extended Release 24 Hour),T4-QL

Jublia (External Solution),T4

K

Ketoconazole (External Cream),T2-QL

Ketorolac Tromethamine (Ophthalmic Solution),T3

Klor-Con 10 (Oral Tablet Extended Release),T2

Klor-Con 8 (Oral Tablet Extended Release),T2

Klor-Con M10 (Oral Tablet Extended Release),T2

Klor-Con M20 (Oral Tablet Extended Release),T2

Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3-QL

Korlym (Oral Tablet),T5-PA; DL; QL

Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T5-PA; DL; QL

L

Lacosamide (Oral Tablet),T4-QL

Lactulose (10GM/15ML Oral Solution),T2

Lamivudine (100MG Oral Tablet),T3

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3-QL

Lamotrigine (Oral Tablet Immediate Release),T2

Lantus (Subcutaneous Solution),T3-ISSP

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3-ISSP

Latanoprost (Ophthalmic Solution),T1

Latuda (Oral Tablet),T5-DL; QL

Leflunomide (Oral Tablet),T3

Letrozole (Oral Tablet),T2

Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet),T3

Leucovorin Calcium (25MG Oral Tablet),T4

Leukeran (Oral Tablet),T5-DL

Levemir (Subcutaneous Solution),T3-ISSP

Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T3-ISSP

Levetiracetam (Oral Tablet Immediate Release),T2

Levobunolol HCl (Ophthalmic Solution),T2

Levocarnitine (Oral Tablet),T3

Levocetirizine Dihydrochloride (Oral Tablet),T2-QL

Levofloxacin (Oral Tablet),T2

Levothyroxine Sodium (Oral Tablet),T1

Lidocaine (5% External Ointment),T3-QL

Lidocaine (5% External Patch),T4-PA; QL

Lidocaine HCl (4% External Solution),T4

Lidocaine-Prilocaine (External Cream),T3

Linzeess (Oral Capsule),T3-QL

Liothyronine Sodium (Oral Tablet),T2

Lisinopril (Oral Tablet),T1-QL

Lisinopril-Hydrochlorothiazide (Oral Tablet),T1-QL

Lithium Carbonate (Oral Capsule),T2

Lithium Carbonate ER (Oral Tablet Extended Release),T2

Livalo (Oral Tablet),T3-QL

Lokelma (Oral Packet),T4-QL

Lonhala Magnair (Inhalation Solution),T5-DL; QL

T1 = Tier 1

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Loperamide HCl (Oral Capsule),T2
Lorazepam (Oral Tablet),T2-QL
Lorazepam Intensol (Oral Concentrate),T2-QL
Losartan Potassium (Oral Tablet),T1-QL
Losartan Potassium-HCTZ (Oral Tablet),T1-QL
Lotemax (Ophthalmic Gel),T4
Lotemax (Ophthalmic Ointment),T4
Lotemax (Ophthalmic Suspension),T4
Lotemax SM (Ophthalmic Gel),T4
Lovastatin (Oral Tablet),T1-QL
Lumigan (Ophthalmic Solution),T3
Lupron Depot (1-Month) (Intramuscular Kit),T5-PA; DL
Lupron Depot (3-Month) (Intramuscular Kit),T5-PA; DL
Lupron Depot (4-Month) (Intramuscular Kit),T5-PA; DL
Lupron Depot (6-Month) (Intramuscular Kit),T5-PA; DL
Lysodren (Oral Tablet),T5-DL
Lyumjev (Injection Solution),T3-ISSP
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T3-ISSP
M
Malathion (External Lotion),T4
Maraviroc (Oral Tablet),T5-DL; QL
Mavyret (Oral Packet),T5-PA; DL; QL
Mavyret (Oral Tablet),T5-PA; DL; QL
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T2
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4

Bold type = Brand name drug

Meloxicam (Oral Tablet),T1
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T3-PA; QL
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3-PA; QL
Mercaptopurine (Oral Tablet),T3
Meropenem (Intravenous Solution Reconstituted),T4
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3-QL
Mesnex (Oral Tablet),T4
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1-QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1-QL
Methadone HCl (Oral Solution),T3-7D; MME; DL; QL
Methadone HCl (Oral Tablet),T3-7D; MME; DL; QL
Methimazole (Oral Tablet),T1
Methotrexate Sodium (Oral Tablet),T2
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3-QL
Methylprednisolone (Oral Tablet),T2
Metoclopramide HCl (Oral Tablet),T2
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Metronidazole (0.75% External Cream),T3
Metronidazole (0.75% External Gel),T3
Metronidazole (0.75% External Lotion),T4
Metronidazole (1% External Gel),T4

Plain type = Generic drug

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Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2

Midodrine HCl (Oral Tablet),T3

Minocycline HCl (Oral Capsule),T2

Minocycline HCl (Oral Tablet Immediate Release),T4

Minoxidil (Oral Tablet),T2

Mirtazapine (Oral Tablet),T2

Mirtazapine ODT (Oral Tablet Dispersible),T2

Mirvaso (External Gel),T4

Misoprostol (Oral Tablet),T3

Modafinil (Oral Tablet),T3-PA; QL

Mometasone Furoate (Nasal Suspension),T4

Montelukast Sodium (Oral Packet),T2-QL

Montelukast Sodium (Oral Tablet),T1-QL

Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T3-7D; MME; DL; QL

Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4-7D; MME; DL; QL

Motegrity (Oral Tablet),T4-QL

Movantik (Oral Tablet),T3-QL

Multaq (Oral Tablet),T3-QL

Myrbetriq (Oral Tablet Extended Release 24 Hour),T3

N

Naftin (2% External Gel),T4

Naloxone HCl (0.4MG/ML Injection Solution),T2

Naloxone HCl (Injection Solution Cartridge),T2

Naloxone HCl (Injection Solution Prefilled Syringe),T2

Naltrexone HCl (Oral Tablet),T3

Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3-PA; QL

Namzaric (Oral Capsule Extended Release 24 Hour),T3-PA; QL

Naproxen (Oral Tablet Immediate Release),T2

Narcan (Nasal Liquid),T3

Nayzilam (Nasal Solution),T4-PA; QL

Neomycin Sulfate (Oral Tablet),T2

Neomycin-Polymyxin-HC (Otic Suspension),T3

Neulasta (Subcutaneous Solution Prefilled Syringe),T5-PA; DL

Neupro (Transdermal Patch 24 Hour),T4

Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T2-QL

Nimodipine (Oral Capsule),T4

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T3

Nitrofurantoin Monohydrate (Generic Macrobid),T3

Nitroglycerin (Tablet Sublingual),T2

Nizatidine (Oral Capsule),T3

Norethindrone Acetate (5MG Oral Tablet),T2

Nortriptyline HCl (Oral Capsule),T2

Nubeqa (Oral Tablet),T5-PA; DL; QL

Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL

Nucala (Subcutaneous Solution Auto-Injector),T5-PA; DL; QL

Nucala (Subcutaneous Solution Reconstituted),T5-PA; DL; QL

Nystatin (External Cream),T2

Nystatin (External Ointment),T2

T1 = Tier 1

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T5 = Tier 5

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Nystatin (External Powder),T2-QL

O

Odomzo (Oral Capsule),T5-PA; DL

Ofev (Oral Capsule),T5-PA; DL; QL

Ofloxacin (Ophthalmic Solution),T2

Ofloxacin (Otic Solution),T3

Olanzapine (Oral Tablet),T2-QL

Olopatadine HCl (Ophthalmic Solution),T3

Omega-3-Acid Ethyl Esters (Oral Capsule)
(Generic Lovaza),T4-QL

Omeprazole (10MG Oral Capsule Delayed
Release),T2-QL

Omeprazole (20MG Oral Capsule Delayed
Release, 40MG Oral Capsule Delayed
Release),T2

Ondansetron HCl (Oral Tablet),T2-B/D,PA

Ondansetron ODT (Oral Tablet Dispersible),T2-
B/D,PA

Onglyza (Oral Tablet),T3-QL

Opsumit (Oral Tablet),T5-PA; DL

**Orenitram (0.125MG Oral Tablet Extended
Release),T4-PA**

**Orenitram (0.25MG Oral Tablet Extended
Release, 1MG Oral Tablet Extended Release,
2.5MG Oral Tablet Extended Release, 5MG
Oral Tablet Extended Release),T5-PA; DL**

Orgovyx (Oral Tablet),T5-PA; DL; QL

Oseltamivir Phosphate (Oral Capsule),T3-QL

Osphena (Oral Tablet),T3-PA; QL

Oxandrolone (10MG Oral Tablet),T4-PA; QL

Oxandrolone (2.5MG Oral Tablet),T3-PA; QL

Oxcarbazepine (Oral Tablet),T3

Oxybutynin Chloride ER (Oral Tablet Extended
Release 24 Hour),T2-QL

Oxycodone HCl (Oral Tablet Immediate
Release),T3-7D; MME; DL; QL

Oxycodone-Acetaminophen (10-325MG Oral
Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral
Tablet, 7.5-325MG Oral Tablet),T3-7D; MME; DL;
QL

**Ozempic (0.25MG/DOSE or 0.5MG/DOSE)
(2MG/1.5ML Subcutaneous Solution Pen-
Injector),T3-QL**

**Ozempic (1MG/DOSE) (4MG/3ML
Subcutaneous Solution Pen-Injector),T3-QL**

P

Pantoprazole Sodium (Oral Tablet Delayed
Release),T2-QL

Pegasys (Subcutaneous Solution),T5-PA; DL

Penicillin V Potassium (Oral Tablet),T2

**Pentasa (250MG Oral Capsule Extended
Release),T4-QL**

**Perforomist (Inhalation Nebulization
Solution),T4-B/D,PA; QL**

Permethrin (External Cream),T3

**Perseris (Subcutaneous Prefilled Syringe),T5-
DL**

Phenelzine Sulfate (Oral Tablet),T3

Phenytoin Sodium Extended (Oral Capsule),T2

Phoslyra (Oral Solution),T3

Pilocarpine HCl (Oral Tablet),T4

Pimecrolimus (External Cream),T4-ST; QL

Pioglitazone HCl (Oral Tablet),T1-QL

Pomalyst (Oral Capsule),T5-PA; DL; QL

Potassium Chloride ER (Oral Capsule Extended
Release),T2

Potassium Chloride ER (Oral Tablet Extended
Release),T2

Potassium Citrate ER (Oral Tablet Extended

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Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Release),T3
Praluent (Subcutaneous Solution Auto-Injector),T3-PA; QL
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2
Pravastatin Sodium (Oral Tablet),T1-QL
Prazosin HCl (Oral Capsule),T2
Prednisolone Acetate (Ophthalmic Suspension),T3
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T2
Prednisone (5MG/5ML Oral Solution),T2
Premarin (Oral Tablet),T4-QL
Premarin (Vaginal Cream),T3
Premphase (Oral Tablet),T4-QL
Prempro (Oral Tablet),T4-QL
Prenatal (27-1MG Oral Tablet),T3
Primidone (Oral Tablet),T2
Privigen (20GM/200ML Intravenous Solution),T5-PA; DL
ProAir HFA (Inhalation Aerosol Solution),T3
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T4-PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T5-PA; DL
Proctosol HC (External Cream),T2
Progesterone (Oral Capsule),T2
Prolastin-C (Intravenous Solution Reconstituted),T5-PA; DL
Prolensa (Ophthalmic Solution),T4

Prolia (Subcutaneous Solution Prefilled Syringe),T4-QL
Propranolol HCl (Oral Tablet),T2
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2
Propylthiouracil (Oral Tablet),T2
Pulmozyme (Inhalation Solution),T5-B/D,PA; DL; QL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3
Pyridostigmine Bromide (Oral Solution),T4
Pyridostigmine Bromide ER (Oral Tablet Extended Release),T4
Q
Quetiapine Fumarate (Oral Tablet Immediate Release),T2-QL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T3-QL
Quinapril HCl (Oral Tablet),T1-QL
Quinapril-Hydrochlorothiazide (Oral Tablet),T2-QL
R
Raloxifene HCl (Oral Tablet),T3-QL
Ramipril (Oral Capsule),T1-QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour),T3-QL
Rasagiline Mesylate (Oral Tablet),T4
Rasuvo (Subcutaneous Solution Auto-Injector),T4-PA
Royaldee (Oral Capsule Extended Release),T5-DL; QL
Rebif (Subcutaneous Solution Prefilled Syringe),T5-ST; DL; QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector),T5-ST; DL; QL

T1 = Tier 1

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Regranex (External Gel),T5-PA; DL

Relistor (Oral Tablet),T4-PA; QL

Relistor (Subcutaneous Solution),T4-PA

Repatha (Subcutaneous Solution Prefilled Syringe),T3-PA; QL

Repatha Pushtronex System (Subcutaneous Solution Cartridge),T3-PA; QL

Repatha SureClick (Subcutaneous Solution Auto-Injector),T3-PA; QL

Restasis MultiDose (Ophthalmic Emulsion),T3-QL

Restasis Single-Use Vials (Ophthalmic Emulsion),T3-QL

Retacrit (Injection Solution),T4-PA

Rexulti (Oral Tablet),T5-DL; QL

Rhopressa (Ophthalmic Solution),T3-ST

Ribavirin (Oral Tablet),T3

Rifabutin (Oral Capsule),T4

Riluzole (Oral Tablet),T3

Rimantadine HCl (Oral Tablet),T4

Rinvoq (Oral Tablet Extended Release 24 Hour),T5-PA; DL; QL

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T4

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5-DL

Risperidone (Oral Tablet),T2

Ritonavir (Oral Tablet),T3-QL

Rivastigmine (Transdermal Patch 24 Hour),T4-ST; QL

Rivastigmine Tartrate (Oral Capsule),T3-QL

Bold type = Brand name drug

Rizatriptan Benzoate (Oral Tablet),T3-QL

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3-QL

Rocklatan (Ophthalmic Solution),T3-ST

Ropinirole HCl (Oral Tablet Immediate Release),T2

Rosuvastatin Calcium (Oral Tablet),T2-QL

Rybelsus (Oral Tablet),T3-QL

Rytary (Oral Capsule Extended Release),T4-ST

S

SPS (Oral Suspension),T3

Sancuso (Transdermal Patch),T5-DL; QL

Santyl (External Ointment),T4

Savella (Oral Tablet),T3

Selegiline HCl (Oral Capsule),T3

Selegiline HCl (Oral Tablet),T3

Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3-QL

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T4

Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4

Shingrix (Intramuscular Suspension Reconstituted),T3-PA; QL

Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3-PA; QL

Silver Sulfadiazine (External Cream),T3

Simbrinza (Ophthalmic Suspension),T3

Simvastatin (Oral Tablet),T1-QL

Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T5-PA; DL; QL

Skyrizi (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL

Skyrizi Pen (Subcutaneous Solution Auto-

Plain type = Generic drug

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Injector),T5-PA; DL; QL
Sodium Polystyrene Sulfonate (Oral Powder),T3
Sofosbuvir-Velpatasvir (Oral Tablet),T5-PA; DL; QL
Solifenacin Succinate (Oral Tablet),T3-QL
Soliqua (Subcutaneous Solution Pen-Injector),T3-ISSP; QL
Sotalol HCl (Oral Tablet),T2
Sotalol HCl AF (Oral Tablet),T2
Spiriva HandiHaler (Inhalation Capsule),T3-QL
Spiriva Respimat (Inhalation Aerosol Solution),T3-QL
Spirolactone (Oral Tablet),T2
Sprycel (Oral Tablet),T5-PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL
Stelara (Subcutaneous Solution),T5-PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution),T3-QL
Suboxone (Sublingual Film),T4-QL
Sucralfate (Oral Suspension),T4
Sucralfate (Oral Tablet),T2
Sulfadiazine (Oral Tablet),T4
Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T2
Sulfasalazine (Oral Tablet Delayed Release),T2
Sulfasalazine (Oral Tablet Immediate Release),T2
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2-QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector),T4-QL

Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T4-QL
Suprep Bowel Prep Kit (Oral Solution),T3
Symbicort (Inhalation Aerosol),T3-QL
Synjardy (Oral Tablet Immediate Release),T3-QL
Synjardy XR (Oral Tablet Extended Release 24 Hour),T3-QL
Synribo (Subcutaneous Solution Reconstituted),T5-PA; DL
Synthroid (Oral Tablet),T3
T
TOBI Podhaler (Inhalation Capsule),T5-PA; DL; QL
Tabrecta (Oral Tablet),T5-PA; DL; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T4-PA; QL
Tamoxifen Citrate (Oral Tablet),T2
Tamsulosin HCl (Oral Capsule),T2
Tasigna (Oral Capsule),T5-PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2-QL
Tenofovir Disoproxil Fumarate (Oral Tablet),T4-QL
Terazosin HCl (Oral Capsule),T2
Terbinafine HCl (Oral Tablet),T2
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel),T4
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Testosterone Cypionate (Intramuscular Solution),T2

Tetrabenazine (12.5MG Oral Tablet),T4-PA; QL

Tetrabenazine (25MG Oral Tablet),T5-PA; DL; QL

Theophylline (Oral Solution),T2

Theophylline ER (Oral Tablet Extended Release 12 Hour),T2

Theophylline ER (Oral Tablet Extended Release 24 Hour),T2

Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T2

Timolol Maleate (Oral Tablet),T3

Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3

Tivicay (25MG Oral Tablet),T4-QL

Tivicay (50MG Oral Tablet),T5-DL; QL

Tizanidine HCl (Oral Tablet),T2

TobraDex ST (Ophthalmic Suspension),T4

Tobramycin (300MG/5ML Inhalation Nebulization Solution),T5-B/D,PA; DL; QL

Tobramycin-Dexamethasone (Ophthalmic Suspension),T3

Topiramate (Oral Capsule Sprinkle Immediate Release),T2

Topiramate (Oral Tablet),T2

Toremifene Citrate (Oral Tablet),T5-DL

Torseמידe (Oral Tablet),T2

Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3-ISSP

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3-ISSP

Tracleer (Oral Tablet Soluble),T5-PA; DL; QL

Tradjenta (Oral Tablet),T4-QL

Tramadol HCl (50MG Oral Tablet Immediate Release),T2-7D; MME; DL; QL

Tramadol-Acetaminophen (Oral Tablet),T2-7D; MME; DL; QL

Tranexamic Acid (Oral Tablet),T3

Tranlycypromine Sulfate (Oral Tablet),T4

Travoprost (BAK Free) (Ophthalmic Solution),T3

Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1

Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL

Tresiba (Subcutaneous Solution),T3-ISSP

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3-ISSP

Tretinoin (0.01% External Gel, 0.025% External Gel),T4-PA

Tretinoin (External Cream),T4-PA

Tretinoin (Oral Capsule),T5-DL

Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T2

Triamcinolone Acetonide (External Cream),T2

Triamterene-HCTZ (Oral Capsule),T2

Triamterene-HCTZ (Oral Tablet),T2

Trihexyphenidyl HCl (Oral Solution),T2

Trihexyphenidyl HCl (Oral Tablet),T2

Trijardy XR (Oral Tablet Extended Release 24 Hour),T3-QL

Trintellix (Oral Tablet),T4-QL

Trulance (Oral Tablet),T4-QL

Trulicity (Subcutaneous Solution Pen-Injector),T3-QL

Tymlos (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL

Bold type = Brand name drug

Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

U		
Ursodiol (300MG Oral Capsule),T3	(Maintenance Dose Bottle),T5-ST; DL; QL	
Ursodiol (Oral Tablet),T4	Vyvanse (Oral Capsule),T4	
V		
Valacyclovir HCl (Oral Tablet),T3-QL	Vyvanse (Oral Tablet Chewable),T4	
Valganciclovir HCl (Oral Tablet),T3-QL	Vyzulta (Ophthalmic Solution),T4	
Valsartan (Oral Tablet),T2-QL	W	
Valsartan-Hydrochlorothiazide (Oral Tablet),T2-QL	Warfarin Sodium (Oral Tablet),T1	
Varenicline Tartrate (Oral Tablet),T3	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T3-QL	
Vascepa (Oral Capsule),T4	X	
Velphoro (Oral Tablet Chewable),T4	Xarelto (Oral Tablet),T3-QL	
Veltassa (Oral Packet),T4-QL	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T5-PA; DL; QL	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T2	Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T4-PA; QL	
Verapamil HCl (Oral Tablet Immediate Release),T2	Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T5-PA; DL; QL	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T5-PA; DL; QL	
Verapamil HCl ER (Oral Tablet Extended Release),T2	Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T5-PA; DL; QL	
Versacloz (Oral Suspension),T5-DL	Xeljanz (Oral Solution),T5-PA; DL; QL	
Victoza (Subcutaneous Solution Pen-Injector),T3-QL	Xeljanz (Oral Tablet Immediate Release),T5-PA; DL; QL	
Viibryd (Oral Tablet),T4-QL	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T5-PA; DL; QL	
Vimpat (Oral Solution),T4-QL	Xifaxan (Oral Tablet),T5-PA; DL	
Vimpat (Oral Tablet),T4-QL	Xigduo XR (Oral Tablet Extended Release 24 Hour),T3-QL	
Vitrakvi (Oral Capsule),T5-PA; DL; QL	Xiidra (Ophthalmic Solution),T4-QL	
Vosevi (Oral Tablet),T5-PA; DL; QL	Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack),T3-QL	
Vumerity (Oral Capsule Delayed Release)	Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack),T3-QL	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T4-7D; MME; DL; QL

Xtandi (Oral Capsule),T5-PA; DL; QL

Xtandi (Oral Tablet),T5-PA; DL; QL

Xyrem (Oral Solution),T5-PA; DL; QL

Z

Zafirlukast (Oral Tablet),T3-QL

Zaleplon (Oral Capsule),T3-QL

Zarxio (Injection Solution Prefilled

Syringe),T5-DL

Zenpep (Oral Capsule Delayed Release Particles),T3

Ziextenzo (Subcutaneous Solution Prefilled Syringe),T5-PA; DL

Zirgan (Ophthalmic Gel),T4

Zolinza (Oral Capsule),T5-PA; DL

Zolpidem Tartrate (Oral Tablet Immediate Release),T2-QL

Zonisamide (Oral Capsule),T2

Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay for these drugs does not count toward your total drug costs or help you qualify for catastrophic coverage. If you get Extra Help to pay for your prescriptions, it does not apply to these drugs.

Drug name	Drug tier	Restrictions
Vitamins		
Folic Acid (1mg tablet)	2	
Cyanocobalamin (1000mcg/ml vial)	2	
Ergocalciferol (50000mcg capsule)	2	
Erectile Dysfunction		
Sildenafil (25mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (50mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (100mg tablet)	2	Maximum of 4 tablets per 30 days

Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.

Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
Amitiza	Linzess – 3 Lubiprostone – 3 Movantik – 3 Motegrity – 4 Relistor – 4 Trulance – 4
Basaglar	Lantus – 3 Levemir – 3 Toujeo – 3 Tresiba – 3
Bystolic	Atenolol Tablet – 1 Bisoprolol Fumarate – 2 Metoprolol Tablet – 1 Carvedilol Tablet – 1
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 2
Cyclosporine Ophthalmic	Restasis – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Novolin	Humulin – 3
Novolog	Humalog – 3 Insulin Lispro – 3 Lyumjev – 3
Nucynta ER	Xtampza XR – 4 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
OxyContin	Xtampza XR – 4 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
Pradaxa	Eliquis – 3 Xarelto – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3 Proair Respiclick – 3
Qvar Redihaler	Arnuity – 3 Flovent – 3
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3 Proair Respiclick – 3

Bold type = Brand name drug Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2022, and may be subject to change. Please refer to the Drug List for details on drug coverage.

The Drug List may change at any time. You will receive notice when necessary.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)
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My current pharmacy is _____. I understand that preferred network pharmacies tend to offer lower prescription drug costs.

I (circle one) **do / do not** have drugs that are not on the covered Drug List (Formulary).

My drugs that are not on the formulary are _____ and _____. I can discuss alternatives by calling Customer Service or checking with my doctor or pharmacist.

I understand how my prescription drug plan works, including:

- The plan start date
- The monthly premium
- The cost difference between preferred network, standard network and out-of-network pharmacies
- Home delivery options
- Tier levels
- Prior authorizations
- Quantity limits
- Step therapy
- Drug coverage stages and how they impact my costs
- Late Enrollment Penalty



Contact your Sales Representative

If I have questions about my plan, I will call _____ at _____ or Customer Service at _____.

TEAR HERE

TEAR HERE



¹ My actual out of pocket costs may vary based on: the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail-order), if I have Extra Help, and if my plan is participating in the Part D Senior Savings Model. ² For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling Customer Service to learn what other drugs might be on the Drug List and by talking with my doctor or pharmacist.

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How to Enroll

You can enroll by phone, online, by mail or by fax. Simply choose the way that is easiest for you and follow the directions below.



By phone

Call one of our Sales Representatives toll-free at **1-888-867-5564, TTY 711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone.



Online

Go to **AARPMedicarePlans.com** and follow the step-by-step instructions to enroll.



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-888-950-1170

Enrollment Request Form Checkpoints

- ✓ Print your name exactly as it appears on your red, white and blue Medicare card
- ✓ Make sure you have chosen the plan type that works best for you
- ✓ Make sure your permanent address is correct
- ✓ Sign and date where indicated
- ✓ Verify your Date of Birth
- ✓ Use the drug list to be sure your drugs are covered

Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative (See the back of this page for definitions.):**

- Medicare Advantage Plans (Part C) and Cost Plans
- Stand-alone Medicare Prescription Drug (Part D) Plan
- Medicare Supplement (Medigap) Products
- Dental-Vision-Hearing Products
- Hospital Indemnity Products

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.

Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative	Today's Date
_____	MM - DD - YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)	Relationship to Beneficiary
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To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■	Date Appointment will be Completed MM - DD - YYYY

Beneficiary Address

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
---------------------------	---

Licensed Sales Representative Signature

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Ready to Enroll

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare Prescription Drug (Part D) Plan

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Other Related Products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.



2023 Enrollment Request Form

AARP® MedicareRx Preferred (PDP) - A

Information about you (Please type or print in black or blue ink)

Last Name	First Name	Middle Initial
-----------	------------	----------------

Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
------------	---

Home Phone Number () -	Mobile Phone Number: () -
-------------------------	----------------------------

Medicare Number

Permanent Residence Street Address (**P.O. Box is not allowed**)

City	County	State	ZIP Code
------	--------	-------	----------

Mailing Address (**Only if it's different from above. You can give a P.O. Box.**)

City	State	ZIP Code
------	-------	----------

E-mail Address (Optional)

Do you have other insurance that will cover your prescription drugs? Yes No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits, or state programs.)

If **yes**, what is it?

Name of Other Insurance

Member Number	Group Number	RxBin	RxPCN (Optional)
---------------	--------------	-------	------------------

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement

Enrollee Name _____

Agent Name / ID No. _____

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Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)

Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you

- I want to pay from my Social Security
- I want to pay from my Railroad Retirement Board (RRB) check
- I want to pay directly from a bank account

Account Type Checking Savings

Account Holder Name: _____

Bank Routing Number _/_/_/_/_/_/_/_/_/_

Bank Account Number _/_/_/_/_/_/_/_/_/_/_

A few questions to help us manage your plan

1. Would you prefer plan information in another language or an accessible format? Yes No

Please check what you'd like: Spanish Braille Other _____

If you don't see the language or format you want, please call UnitedHealthcare toll-free at **1-888-867-5564**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week. Or visit **AARPMedicarePlans.com** for online help.

2. Do you or your spouse work? Yes No

Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

If you would rather have hard copies of required materials mailed to you, please check here:

- Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

Enrollee Name _____

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Ready to Enroll

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Please read and sign

By completing this form, I agree to the following:

- I must keep Part A or Part B (or both) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so between October 15 and December 7. This is the Annual Enrollment Period for Medicare Advantage **and** Medicare prescription drug coverage. I understand that there may be special situations at other times during the year in which I can leave the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to federal statutes that authorize the collection of this information (see Privacy Act Statement below).
- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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Ready to Enroll

Enrollee Name _____
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When I sign below, it means that I have read and understand the information on this form

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare member ID card, I can call Customer Service at the number on my UnitedHealthcare member ID card to update my authorization information on file.

Signature of Applicant/Member/Authorized Representative Today's Date

TEAR HERE

**If you are the authorized representative, please sign above and complete the information below
*NOT A SALES AGENT**

Last Name		First Name	
Address			
City		State	ZIP Code
Phone Number () -		Relationship to Applicant	

TEAR HERE

Enrollee Name _____
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Ready to Enroll

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For Sales representative/agency use only

Employer Group Name

Employer Group ID <input type="text"/>	Branch ID <input type="text"/>
Sales Representative/Writing ID	Initial Receipt Date
Sales Representative/Agent Name	Proposed Effective Date

Agent must complete

- IEP
- IEP 2
- SEP (Institutional)
- SEP (GEP Part B)
- SEP (Change in residence)
- SEP (Loss of EGHP coverage)
- SEP (PDP/OEP)
- SEP (CMS/State Assignment)
- SEP (Dual LIS change of status)
- SEP (Dual LIS maintaining)
- AEP (October 15 - December 7)
- SEP (SEP Reason) _____

Sales Representative Signature (Optional)

Date:

TEAR HERE

TEAR HERE

Enrollee Name _____
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PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals.

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

OMB No. 0938-NEW

Expires: 07/31/2023

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Ready to Enroll

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Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.

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2023 Enrollment Receipt

To be completed if enrolling with a Sales Representative.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare member ID card. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

TEAR HERE

Applicant 1:

Name

Application Date - -

Proposed Effective Date - -

Plan Name

Plan Type

Enrollment Tracking No. (if applicable)

Call your Sales Representative if you have any questions:

Sales Representative Name and ID Number

Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □ □

RxBIN: 610097

Rx PCN: 9999

RxGRP: PDPIND

TEAR HERE

We're here to help. If you have additional questions you can call UnitedHealthcare® Customer Service toll-free at 1-888-867-5564, TTY 711, 8 a.m.-8 p.m. local time, 7 days a week.



Take Advantage of What's Next

Your enrollment application was submitted! We're here for you and will check in to make sure you're getting the most out of your plan. Learn more about what to expect next on this page.

TEAR HERE

TEAR HERE



You are here
Enrollment submitted



**Receive your Quick Start
Guide and UnitedHealthcare
member ID card**



**Create your account to review
your plan online**



**Coverage begins!
Start using your plan**



Manage your plan online

Once you receive your UnitedHealthcare member ID card, you can create an account at **myAARPMedicare.com**. Online you can:

- Find pharmacies
- Review your Drug List
- View plan documents



Once your coverage begins

Here are some ways you can get the most out of your plan:

- Review your prescriptions with your provider and ask about lower-cost options that may be available
- Fill your prescriptions through our Preferred Retail Pharmacy Network for savings
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service



Thank you for choosing UnitedHealthcare

If you have any questions, you can call the UnitedHealthcare Customer Service number on your member ID card.

For 1-on-1 support, please contact the plan or your sales representative.



Call UnitedHealthcare toll-free **1-888-867-5564**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



AARPMedicarePlans.com

Important plan information